


**New York State Education Department  
Bureau of Proprietary School Supervision  
Licensing Unit**

**Licensed Private School Teacher Application  
BPSS-17 (12/10)**

***Applicant Instructions***  
 ♦ Please TYPE or Print in ink.  
 ♦ Enclose non-refundable \$50 check or money order with each application made payable to The New York State Education Department. DO NOT SEND CASH. A fee will be charged for all checks returned by the bank.

**MAIL TO:**  The State Education Department  
Bureau of Fiscal Management  
P.O. Box 7346  
Albany, NY 12224

<b>For Office Use Only</b>	<input type="checkbox"/> Permit	<input type="checkbox"/> Provisional	<input type="checkbox"/> Full								
Date Issued _____		Date Expired _____									
<b>SED Code</b>											
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ID/ Lic. Number		ID/ Lic. Number									
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1. Last Name	First Name	Middle Initial
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2. List any former name(s): Last Name	First Name	Middle Initial
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3. Home Address Street	Home Phone
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City	State	Zip
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4. Social Security Number				
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**Privacy Notification:** The authority to request personal information from you, including identifying numbers such as Federal Social Security Number, and the authority to maintain such information is found in section 5 of the Tax Law. Your disclosure of this information is mandatory and will be used for administration purposes.

If Social Security Number has not been provided, please explain:  
 SS# applied for or pending     other:

5. Date of Birth    Month    Day    Year	6. Level Requested <input type="checkbox"/> Permit <input type="checkbox"/> Permanent				
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**7. SCHOOL CERTIFICATION**

School Name	
Full School Address	First Date of Applicant's Employment (Month/ Day/ Year)

**I certify, to the best of my knowledge, that the applicant herein is able to meet the educational qualifications and/ or practical experience required for licensure as set forth in Commissioner's Regulations for the license area(s) requested.**

<input type="checkbox"/> Director's <input type="checkbox"/> Owner's <input type="checkbox"/> President's Signature	Print Name of Director/ Owner/ President	Date Signed
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**8. Curriculum To Be Taught (or course(s) within approved curriculum)\***  
 \*[attach copy of curriculum approval letter]

A.	E.
B.	F.
C.	G.
D.	H.

Submit all supporting documentation, not attached to this application, directly to the New York State Education Department, Bureau of Proprietary School Supervision, 99 Washington Avenue. Room 1613 OCP, Albany NY 12234

**9. Education Including High School or Equivalency**

Institution(s) Attended	Dates of Attendance		Type of Diploma or Degree Received (if any) (attach photocopy of college/university transcript or photocopy of high school diploma/GED)
	From:	To:	

**10. Courses in Professional Education Completed**

(only list those courses required under Section 126.6 of Commissioner's Regulations)

Name of Institution or School Association at which Course Was Completed	Course Title	Date Completed

**11. Do you now or have you ever held a licensed private school teacher permit/ license?**       Yes     No  
**IF YOU ANSWERED "YES" TO ITEM #11, ATTACH A PHOTOCOPY OF YOUR DOCUMENT.**

**12. Occupational Experience**

Attach an original letter from current and/or former employers verifying at least two years of employment in the field to be taught. The letter must state the actual dates of employment and a description of the duties performed.

If you are (were) self-employed, you must follow special instructions which are enclosed with this application.

If a federal or state license is required for your occupation, you must attach a photocopy of that currently valid license to this application.

Name and Address of Employer	Dates of Employment		Title/ Duties
	From (Mo./Yr.)	To (Mo./ Yr.)	

**13.**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (a) Have you ever resigned from a position rather than face disciplinary charges?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Have you ever been discharged from employment as a result of disciplinary action?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Have you ever been convicted of any crime (felony or misdemeanor)?<br>If "yes," submit official copies of court report including disposition of the case. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Are you currently under charges for any crime (felony or misdemeanor)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Have you ever had a professional credential revoked, suspended, annulled, or denied?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "yes" to any question, explain the response on a separate sheet.

A "yes" answer to any question is not an automatic bar to the issuance of a license/ permit.

**14. Under penalties of perjury, I declare and affirm that the statements made in this application, including accompanying statements and transcripts are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure.**

Signature of Applicant (not valid unless signed by applicant)	Date